

Children & Families Commission of Fresno County

Putting Children First 2002-2003 Strategic Plan



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LETTER FROM THE COMMISSION

Since it was established in 1999, the Children and Families Commission of Fresno County has taken great strides towards improving and enhancing the lives of expectant parents, children from the prenatal stage up to age five, and their families. Over the course of the last two years, the Commission has transformed itself from an agency trying to grow and define itself within the community to an agency with strong community relationships and a clearly defined direction. The Commission has grown from a staff of 3 to a staff of 10 highly qualified individuals who each bring with them unique attributes to the Commission team. Although the Commission has established a firm foundation, we are still continuing to learn and grow into our role as a community partner. As we do this, the Commission's Strategic Plan has and will continue to serve as a roadmap for the Commission as we strive to reach our goals. It continues to be our belief that we can impact many of the factors that influence a young child's well being in the earliest years of life. This belief is the basis of this Strategic Plan and is woven into every aspect of the Commission's decision making.

Evidence now supports, as has always been believed, the important role of parents in the healthy development of their children. By providing children with safe, nurturing and stimulating environments, parents and caregivers influence long-term growth and development during these important early years. Since the early years of a child's life form the foundation for later development, attention to young children is a powerful means of preventing later difficulties such as developmental delays and disturbances. Physical, mental, social, and emotional development and learning are all interrelated. Thus, promoting child development is not limited to the academic arena of numbers and letters. The social, emotional, physical and cognitive dimensions and language development of children are all very important. These early childhood development needs are the basis for Proposition 10, and the work of the Children and Families Commission of Fresno County.

On June 21, 2000, the Commission adopted its first *Putting Children First* Strategic Plan. That Plan outlined an initial process for improving the lives of Fresno County's children and families and established the framework that would serve as a base as the Plan is revised from year to year. That first year of outreach and discussion, priority-setting, and funding activity helped the Commission to build community partnerships and clarify the goals and methods for maximizing opportunities offered by Proposition 10.

As the Commission begins its third year of operation, it is helpful to reflect on what has been accomplished thus far. Some of the Commission's accomplishments over the last two years include the following:

- Established staffing, basic operations systems and an infrastructure for carrying out its responsibilities,
- Developed approaches to needs assessments, information gathering, and priority setting,
- Established strong relationships within the early childhood community,
- Awarded approximately \$20 million dollars in funding through RFPs to service providers for direct services,

- Allocated approximately \$20 million dollars in funding for special projects including evaluation, mini-grants, training and retention, leveraging funds, school readiness, and the Children's Sustainability Fund, and
- Established a Commission Advisory Committee to provide technical and professional expertise and support to Commission staff.

With the help of the community, the Commission has learned several lessons over the past two years. This Plan builds on those lessons and experiences, accomplishments, and infrastructure development achieved under previous year's Plans. Furthermore, it sets the course for integrating early childhood programs, services and projects into a family-focused, culturally and linguistically appropriate, and community-based approach to ensure that children will enter school physically, mentally, socially, emotionally and developmentally ready to learn.

In developing the first Strategic Plan, an extensive strategic planning process involving a team of more than 50 committed parents and professionals was utilized. Several public meetings were held throughout the County to ensure that community input was included in the Plan. In addition, hundreds of volunteer hours were invested to develop a plan that was responsive to the complex challenges facing families of young children in the County of Fresno. Through this work, it was determined that new approaches to assisting children and families were imperative and that this assistance required delivery of services through purposeful integration and ease of access for parents. The programs funded by the Commission over the last two years are a result of this idea.

Based on the comprehensive approach needed to implement this Plan, the Commission will expand its role as partner within the community. This expanded role will support collaborations between diverse public and private entities to increase the effectiveness and resources of all partners; identify, fund and evaluate innovative strategies; promote systems change; and develop and advocate for policies that expand and enhance services for expectant parents, children from the prenatal stage to age five, and their families. The Commission will also make every effort to ensure that the rural and ethnically diverse communities of our County are engaged in the process at every step and that the services provided for these communities are culturally and linguistically appropriate.

We are confident that the Commission's strategic direction will have a positive impact on the lives of children in Fresno County as well as strengthen the families and communities that nourish them. The Commission welcomes the community's continued involvement as we systematically move toward our shared vision and we invite you – the parent, the advocate, the community leader, and the service provider – to join us in this critically important endeavor. Through our joint efforts, we will keep our commitment to our children and their future.

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ACKNOWLEDGEMENTS

The Commission would like to acknowledge and extend their deepest appreciation to all of the individuals who have given so generously their time and expertise. Thanks to the many community members - too numerous to name individually - who provided their input. Because of your contributions, we feel that we have succeeded in developing a plan that will serve us well as we continue our efforts to address the needs of Fresno County's children and families. The Commission would also like to thank the Strategic Planning Committee, the County of Fresno, the Commission Task Force, the Commission Advisory Committee, and the Commission staff.

A special "thank you" to the following individuals and organizations who provided their input on the Strategic Plan and its revisions:

Dr. Tejinder Randhawa	California State University, Fresno
Marilyn Moore	Valley Children's Hospital
Jane Martin	Planned Parenthood
Lilia Chavez	Alcoholism and Abuse Council
Mary Arriaga	University of California Center
Marian Romero	Central Valley Regional Center
Brian Mimura	Exceptional Parents Unlimited
Cathy Mathis	Fresno Metro Ministry
Christine Edmondson	Healing for Survivors
Deborah Stuart	CASA
Jeff Webster	Fresno Unified School District
UCLA School of Public Health	Care Fresno & Care Clovis
Fresno County HSS, MCAH	City of Selma
Fresno County Department of Community Health, Children's Dental Programs	Fresno County Interagency Council on Children and Families
Radio Bilingue	Literacy & Early Education
California Health Collaborative	Clovis Unified School District
March of Dimes	Firebaugh-Las Deltas School District
Spirit of Woman	Opportunities Plus
Fresno County EOC	Central California Legal Services
West Hills Community College	Comprehensive Youth Services
City of Coalinga	Rape Counseling Services of Fresno, Inc.
City of Firebaugh	Central California AIDS Foundation
City of Kerman	Bridging the Gap
City of Mendota	Fresno/Madera Dental Society
City of San Joaquin	EOC Rural Tobacco Program
I-5 Business Development Corridor, Inc.	West Care/The Third Floor
I-5 Social Services Corporation, Inc.	New Mendota Chamber of Commerce
Riverdale Joint Unified School District	Families First
San Joaquin Valley Health Consortium	Knight-Barfield Association
Fresno Local Child Care Planning Council	Early Childhood Coalition
United Way	Infant Mental Health Development Project

West Fresno Collaborative
Firebaugh Health Commission
Wilberforce University
UC, San Francisco

Coalinga-Huron Unified School District
Fresno City College
Fresno County Rural Transit Agency
Fresno County Association for the
Education of Young Children



Paulina, Age 5

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I. THE CHILDREN AND FAMILIES COMMISSION OF FRESNO COUNTY

A. BACKGROUND

On November 3, 1998, California voters approved Proposition 10, "The Children and Families First Act of 1998". The Act increased tobacco excise taxes to provide funds for early childhood development and smoking prevention and cessation programs. The passage of this Act created an unprecedented opportunity for Fresno County to mobilize its many resources to create an integrated, coordinated system of care that supports and enhances the lives of expectant parents, children from the prenatal stage up to age five and their families.

Pursuant to Section 130140(a)(A) of Proposition 10, the Fresno County Board of Supervisors adopted Ordinance #15189 establishing the Children and Families Commission of Fresno County as a separate public entity. The Board of Supervisors appointed 9 Commissioners to the Commission in May of 1999 and the Commission began its work to serve children and families in Fresno County.

B. ROLE OF THE COMMISSION

The Commission exists in order to create and manage a comprehensive system of information, programs, services, and administrative support for enhancing the early childhood development of children and their families. Their objective is to prepare children to enter school in good health, ready and able to learn, and emotionally well developed. In an effort to improve the overall condition of young children in the County and to be responsive to the diverse needs of Fresno County families, the Commission wants to expand its role beyond just functioning as a funder or grant-maker. While the Commission recognizes the unique funding opportunity afforded by Proposition 10, it does not want to re-create systems and processes that already exist and are working, but rather to build upon them. In working towards this and the goal of preparing children for school, the Commission sees itself playing many different roles, including:

- *A Convener and Facilitator.* The Commission will bring together from various sectors individuals, agencies and organizations with common goals;
- *A Catalyst.* The Commission will promote the creation, coordination, integration and sustainability of effective programs for young children and their families;
- *A Change Agent.* The Commission will serve as a voice for all members of the community that helps parents and families empower themselves, helps mobilize the broader community to advocate for expectant parents, young children and their families, and informs policy-makers;

- *A Community Partner.* The Commission will complement, build and strengthen the efforts and activities of civic leaders, parents, providers, physicians, teachers and other key players to have a greater impact on the lives of children and families; and
- *A Trendsetter and Leader.* The Commission will identify, fund and replicate proven solutions as well as promote innovative solutions to long-standing problems that affect children and families.

C. VISION, MISSION, VALUES & GUIDING PRINCIPLES

VISION

All children in Fresno County thrive in a nurturing and stable environment that is supportive of families and have the resources and health necessary for learning, to be prepared for school entry, and to become positive, contributing members of society.

MISSION

The Children and Families Commission of Fresno County will establish integrated quality resources in which ALL families can easily access useful early childhood and family support services.

VALUES & GUIDING PRINCIPLES

Within the context of the goals for the Children and Families Commission of Fresno County, all programs and services supported by Proposition 10 should be designed and structured to incorporate the following values and guiding principles:

CHILD FOCUSED AND FAMILY CENTERED:

1. Focuses on the whole family/whole child and is seamless and transparent from the family's point of view.
2. Strengthens and enhances the primary relationship between parent and child.
3. Meets the individualized, expressed needs of each family by identifying and building upon family strengths.
4. Provides parents with the knowledge and skills to meet the challenges of their families and advocate for the needs of their children.
5. Provides for specialized and intensive programs for families facing complex parenting challenges.
6. Is built on the strengths and existing resources of the family.
7. Is based on the concerns and priorities of the family and encourages full participation of all family members.
8. Maintains the structure and integrity of the family.
9. Provides for the safety and nurturing of children.

CULTURALLY AND LINGUISTICALLY RESPONSIVE:

1. Moves beyond mere awareness of cultural diversity issues to a continuous process of developing cultural sensitivity and responsiveness.
2. Considers cultural groups, values, and language in every aspect of service delivery.
3. Considers all cultures in program planning and implementation.
4. Has on-going evaluation of quality in addressing cultural diversity.

COMMUNITY-BASED:

1. Actively pursues and is responsive to consumer input
2. Involves parents in the planning, implementation, and evaluation of programs.
3. Is community based and utilizes collaborative networks.
4. Builds on the strengths of existing programs and utilizes local providers.
5. Provides services in the "local environments" of the family.

STRENGTHENING CAPACITY:

1. Provides training and professional development for staff at all levels.
2. Provides mentoring and support for staff.
3. Provides for adequate compensation relative to the critical responsibilities of working with children.
4. Enhances job satisfaction and job retention of staff.
5. Works toward diversity in the workforce representative of the county.
6. Strengthens, expands and integrates existing quality programs while nurturing new providers.

QUALITY SERVICE:

1. Assures quality and competency in the services provided to young children.
2. Is based on theories of human development considering the developmental stages of both the parents and children within the family.
3. Is based on proven and/or innovative models and measurable outcomes, which are continually evaluated.
4. Implements continuous quality improvement measures.

ACCESSIBLE:

1. Provides a full continuum of services in all areas of Fresno County.
2. Are available to all families from conception to school entry.
3. Have multiple entry points.
4. Have service providers located throughout urban and rural areas.
5. Be accessible through a responsive system of public transportation.
6. Be integrated into collaborative networks.
7. Provides many services from a single location.
8. Reduces stigma and fears associated with receiving services.

ADVOCACY:

1. Increases advocacy skills and levels of community advocacy for children's (0-5) issues.

II. STRATEGIC RESULTS AND GOALS

The Commission is committed to pursuing its vision and mission through an outcomes-based set of desired Strategic Results, Goals, and Objectives. The four overarching Strategic Result areas emerged initially, and were adopted as part of the 2000-2001 Strategic Plan, and continue to guide the Commission's efforts. Thirteen (13) goals fall under the Strategic Result areas. Goal #13 is a new addition to the 2002-2003 Strategic Plan, and is intended to capture the desire for capacity-building, empowerment, and advocacy. Please refer to Appendix A for the complete Strategic Plan Hierarchy.

STRATEGIC RESULT I: Create strong families to improve family functioning

Goal 1: Parents will be knowledgeable and capable to meet the health and developmental needs of their children and families.

Goal 2: Parents of children with special health, developmental, emotional, and behavioral needs receive appropriate educational and support programs.

STRATEGIC RESULT II: Improve child development so children are ready for school

Goal 3: Children entering school have achieved optimal age-appropriate learning and developmental milestones in the primary developmental domains (social, physical, emotional, cognitive).

Goal 4: Children with special developmental, emotional, and behavioral needs are identified early and receive quality intervention continuously from birth through kindergarten entry.

STRATEGIC RESULT III: Improve children's health

Goal 5: Infants are born healthy, at full term and free from prenatal exposure to tobacco, drugs, and alcohol.

Goal 6: Children are physically and mentally healthy and well-nourished.

Goal 7: Children are free from violence and injury - both intentional and unintentional.

Goal 8: Community norms reflect and recognize the importance of early childhood development, health, nutrition, and child safety.

STRATEGIC RESULT IV: Improve systems for families so services are integrated, accessible, culturally-appropriate and of high quality

Goal 9: An integrated service delivery system provides care for infants, young children, and their families throughout Fresno County.

Goal 10: Quality childcare, health care, and early education are readily accessible to all children and families in Fresno County.

Goal 11: Transportation is available, accessible, coordinated and well-publicized throughout the county, enabling children and families to have full access to programs.

Goal 12: A personnel pool of qualified and educated professionals who obtain continuous, ongoing training, are available for child care, early education, parent support and education, child and family health, and wellness programs.

Goal 13: A growing number of individuals and groups (ranging from parents/families, various community groups/businesses, and service providers) is empowered to address the needs of children (0-5) and their families, and advocate effectively on their behalf.

Multiple Objectives fall under each of the thirteen defined Strategic Plan Goals. Additionally, desired outcomes for each Objective have been identified. A comprehensive listing of Strategic Results, Goals, Objectives, and Outcomes is presented in Appendix A.

III. THE 2002-2003 STRATEGIC PLAN

The Strategic Plan for 2000-2001 addressed the initial priority funding program strategies as well as longer-term goals and objectives such as integrating services and establishing evaluation, data and reporting systems. During the last two years, the Commission has continued to solicit community input and examine existing resources and best practices. The Commission recognizes that effective strategic planning is a long-term process that provides the opportunity to strengthen local leadership and community infrastructure to support families with young children. The result of these efforts will be healthy, well-adjusted children who are prepared to succeed in school.

A. STRATEGIC PLAN PRIORITIES

The 2002-2003 Strategic Plan incorporates Commission-identified priorities, which capture specific areas the Commission will emphasize. The identification of priorities is intended to provide an initial step in refining the Commission's focus within the breadth of the Strategic Results and Goals.

The plethora of needs across our county makes prioritizing efforts a difficult task at best, particularly considering the limitations of available data and the challenge of weighing the relative needs of one 'type' of need with another. Prioritizing is recognized as much an 'art' as science. And most certainly, all needs of our children 0-5 years and their families are critical needs; and in most cases, the needs overwhelm available resources.

The priorities are (please refer to Appendix E for a detailed explanation of each priority):

- **Early Care and Education:** Increasing access to quality early care and education programs, including daycare and preschool/enrichment programs.
- **Unintentional Injury:** Keeping our children safe by reducing fatal and non-fatal, unintentional injuries, the vast majority of which are preventable.
- **Mental Health:** Increasing access, availability and quality of Children's Mental Health services, including prevention and early intervention.
- **Healthy Nutrition and Physical Activity:** Achieving optimal nutrition and physical activity for our infants and children.
- **Children Removed or At-risk of Being Removed From the Home:** Supporting children 0-5 years that are at-risk of entering or are currently in the dependency / child welfare system, including prevention and early intervention services.
- **Increasing Children's Access to health care/coverage:** Strengthening essential linkages to health care.

In addition to the topical priority areas listed above, the prioritization also produced several overarching priority issues that will be incorporated into all Commission activities, as appropriate. The overarching priorities are:

- **Sustainability:** Implementing efforts to instill sustainability and institutionalization in all efforts supported by the Commission.
- **Systems Integration:** Striving to enhance levels of integration, coordination, cross-referrals, joint planning and service delivery within and across service systems.
- **Revenue Maximization:** Increase strategizing and coordinated action across provider systems, funders, and funding streams to identify most prudent and judicious use of funds supporting outcomes-based programs.
- **Parents as Providers:** Recognizing the central role parents play in meeting the needs of their children and families.

- **Supporting the Family Unit:** Recognizing that enhancing child well-being is intricately interwoven with family well-being, and that desired outcomes for children 0-5 are optimally achieved through preventive efforts that are understood within the broader family context.
- **Advocacy:** Implementing and supporting efforts to increase levels of advocacy for children 0-5 and related needs.
- **Culturally & Linguistically Appropriate:** Supporting services and other activities that are developed and implemented in ways that are culturally and linguistically appropriate to those served.
- **Preserving, Strengthening, and Supporting Families through Prevention:** Recognizing that preventative approaches are optimal in preserving, strengthening, and supporting families with children 0-5 years, thereby minimizing the need for treatment-oriented services for these families.

It is important to note that the Commission will continue to provide opportunities for funding under *all* areas of the Strategic Plan; however, the priorities represent areas the Commission will provide a particular focus on utilizing selected funding mechanisms (described in the 'Funding Approaches' section).

Adoption of the priorities culminated an intensive planning and development process. To guide the process, a Commission Work Group on Priorities was formed. This Work Group established a set of prioritization criteria to guide the prioritization. The Commission's Advisory Committee, as well as staff, utilized these criteria to assist in the assessments of the priorities.

Criteria for selecting priorities included: Consistency with Commission's mission, vision, and goals; severity and pervasiveness of needs; degree to which needs are unaddressed with existing services/funding; capacity to address needs; cost-effectiveness/cost-benefit of addressing needs; duration (short/long-term impacts of addressing needs), etc.

Collectively, the priorities reflect the brainstorming, input, and ranking by the Advisory Committee, Commission Work Group, and staff; the base of information generated from the initial Commission strategic plan development process; and statistical and other relevant information, to the extent currently available.

As the Commission moves forward in addressing the 2002-2003 Strategic Plan priorities, the initial steps will involve a planning and development effort to refine the specific approaches and desired outcomes that will be pursued within each identified priority area. In this way, the Commission will be able to identify and support the most strategic and needed efforts that are critical to tackling the priority areas. This planning and development effort will involve the

Commission's Advisory Committee, convenings of providers and experts within the professional fields of the identified priorities, community representatives, work groups, as necessary, etc.

The selection of priorities represents an initial step in what is viewed as a continual progression toward refining the areas in which the Commission can have the greatest and most-needed impacts. As improved data become available across the breadth of prevailing needs in Fresno County, it will then be possible for the Commission to refine its priorities to a greater extent based on sound scientifically-based and other valid and reliable data. Additionally, the priorities will be revisited on an annual basis as part of the Strategic Plan review process.

B. PROGRAMMATIC STRATEGIES

In 2002-2003, the Commission will continue to implement three Programmatic Strategies in striving toward its mission as well as to maximize flexibility in the use of Proposition 10 funds. Within all three Programmatic Strategies, there are opportunities for potential service providers and community partners to apply for funding through the two Funding Approaches: Community-Developed Initiatives and Commission-Developed Initiatives, described below. The three (3) Programmatic Strategies are:

PROGRAMS, PROJECTS AND SERVICES

Under this programmatic strategy, the Commission will fund a broad range of programs, projects, services and activities that positively impact children with direct services from the prenatal stage to age five, their families, and their circles of influence (neighborhood, community, and organizations). We will adhere to the Commission's Guiding Principles; and have measurable outcomes that contribute to achieving progress toward our goals. Programs, projects, services and activities must be linked to one or more of the Strategic Plan Outcomes that will be measured by the Commission. All funded programs, projects and services will be based on current research, evaluation, "best" or promising practices and innovative ideas to meet the needs of the diverse populations in Fresno County.

SYSTEMS IMPROVEMENT

This programmatic strategy focuses on systems improvement through improving system coordination and responsiveness, community engagement, capacity building, integration, and collaboration. Initiatives funded to improve system coordination and responsiveness will encourage providers to coordinate services and share resources to address the multiple needs of clients. Through capacity building the Commission supports systems improvement by providing agencies, communities and individuals with the skills, tools and knowledge necessary to solve problems, strengthen relationships and enhance access to resources.

DATA IMPROVEMENT, EVALUATION, AND RESEARCH

An effective data improvement, evaluation, and action research agenda will guide decisions made by the Commission and others about planning and implementing programs for children

from the prenatal stage to age five. Specifically, through this programmatic strategy, the Commission will 1) continue its major partnership with evaluation contractors to assess impacts of funded services and define and track countywide baseline indicators; 2) partner with existing research efforts, as opportunities arise to support data improvement efforts; 3) support new applied/action research projects; and 4) support the dissemination of research, reports, findings and best or promising practices emerging from research and data improvement activities.

IV. COMMISSION FUNDING

The Children and Families Commission of Fresno County receives revenue from Proposition 10 to support its activities for children 0-5 years and their families. Revenues for 2002-2003 are estimated to be \$11 million. The Commission is committed fully to allocating each year's revenue to high quality, outcome-based programs for children, while minimizing operational and administrative costs necessary to ensure sound contract management, and programmatic and fiscal compliance. Nearly the entirety 93% of projected revenue is planned to fund activities for children 0-5 and their families, supported through the Commission's three (3) Programmatic Strategies (Programs, Projects, and Services; Systems Improvement; and Data Improvement, Evaluation, and Research).

A. FUNDING APPROACHES

The Commission provides support to programs through three (3) primary funding approaches aimed at empowering the community to initiate and develop innovative solutions, as well as to allow for flexibility by the Commission in proactively addressing identified priority areas. The three funding approaches (please refer to Appendix C) are:

- ☐ Community-Developed Initiatives
- ☐ Commission-Developed Initiatives
- ☐ Special Initiatives

COMMUNITY-DEVELOPED INITIATIVES

Funding through the Community-Developed Initiatives approach is intended to provide opportunities for a broad range of groups and entities *from the community* to develop and propose various activities for children 0-5 years and their families.

General Grants Program

For 2002-2003, this Initiative is comprised of the community General Grants Program, as approved by the Commission at its March 6, 2002, meeting.

The General Grants Program is intended primarily for locally applied solutions to local-level challenges, with focus placed on the Commission's "Programs, Projects and Services" Programmatic Strategy. This Program enables providers and other groups, organizations, and agencies to initiate and bring forth innovative, effective services for funding consideration. Proposals for the other Commission Programmatic Strategies ("Systems Improvement" and "Data Improvement, Evaluation, and Research") that are within the intent and scope of the General Grants Program are also eligible for consideration.

Application to the General Grants Program is made initially through the submission of Letters of Inquiry, which will be accepted beginning summer 2002, when the General Grants Program will be operationalized.

The General Grants Program will fund a broad range of 'needs', with proposed services for any issues falling within the Commission's Goals, Objectives, and Outcomes (Appendix A) eligible for funding consideration.

COMMISSION-DEVELOPED INITIATIVES

Funding through Commission-Developed Initiatives is intended to enable funding in *specific priority areas identified by the Commission*, as well as in instances when emerging critical needs and/or opportunities arise or are identified. Initiatives will thus serve as a vehicle for the Commission to expand its role as a proactive, focused initiator of efforts to improve the lives of children and families in priority 'need' areas defined previously in this document.

As described in the 2001-2002 Strategic Plan, two approaches for allocating funds through this Initiative have been identified and are now formalized as :

- ☐ Priority Area Requests for Proposals
- ☐ Commission-based Partnerships

Priority Area Requests for Proposals

Priority Area Requests for Proposals (RFPs) will enable the Commission to focus allocated funding through a competitive RFP process in specifically identified priority areas, as well as in instances when emerging needs and/or opportunities arise or are identified.

The Priority Area RFPs may span the Programmatic Strategy areas of the Strategic Plan: "Programs, Projects and Services"; "Systems Improvement"; and "Data Improvement, Evaluation, and Research." Application to the Priority Area RFPs, will be guided by the timelines and submittal requirements defined for each RFP approved and released by the Commission.

Commission-based Partnerships

Through Commission-based Partnerships, the Commission will initiate and actively facilitate and/or participate in partnerships with community entities with the purpose of developing proposed activities for Strategic Plan priority areas (as identified previously), or other need areas that may emerge.

This funding mechanism will enable activities to be developed through joint planning between the Commission and relevant community partners.

Commission-based Partnerships will support activities of varying scale including local-level activities, as well as efforts such as county-wide endeavors, systems level improvement, multi-level interventions, broad-based collaboratives, and others in which activity planning is enhanced through open dialogue and partnership with the Commission.

Community-based Partnerships may span the Programmatic Strategy areas of the Strategic Plan: "Programs, Projects and Services", "Systems Improvement" and "Data Improvement, Evaluation, and Research."

B. SPECIAL FUNDING INITIATIVES

In addition to the Commission-Developed and Community-Developed Initiatives, the Commission has also taken the opportunity to fund other initiatives which we call "Special Initiatives".

These initiatives include:

SCHOOL READINESS:

The School Readiness Initiative is a State-wide initiative that was launched by the California Children and Families Commission. The State Initiative provides incentive matching funds to Prop 10 county commissions that fund locally tailored School Readiness Programs in communities served by "high-priority schools" – those schools primarily in the lowest three deciles of the Academic Performance Index (API). The purpose of the School Readiness Programs/Systems is to coordinate, develop, implement, and sustain a system of collaborative school-based/linked services, programs, and informal supports based on research and promising practices to improve 'school readiness' for children, families, communities, and schools in Fresno County.

KIT FOR NEW PARENTS:

The Kit for New Parents represents a comprehensive resource for new and expecting parents that translate emerging science about the importance of the early years into practical information parents can incorporate into their daily lives. Good health, loving relationships and frequent learning opportunities are some of the topics covered. The *Kits*, which are currently available in both English and Spanish, include a variety of items such as a set of videos and corresponding parent brochures as well as some local items that have been customized by the

Commission to meet the needs of our community. The *Kits* are funded by both the California Children and Families Commission and the Fresno County Commission and are free to all new and/or expecting parents.

C.A.R.E.S.:

The Compensation And Retention Encourages Stability (C.A.R.E.S.) Initiative is a collaborative between the California Children and Families Commission, the Children and Families Commission of Fresno County, and the Fresno County Child Care Local Planning Council. The ultimate aim of the C.A.R.E.S. Project is to improve the quality of early care and education settings by decreasing attrition and improving skills among early care and education providers. Cash payments are paid to eligible early care and education providers to encourage continued professional growth that in turn builds a more qualified and stable workforce. The program is administered by the Fresno County Child Care Local Planning Council through the Fresno County Office of Education.

MINI-GRANTS:

The Mini-Grant Program is comprised of two separate types of grants, General Mini-Grants and Child Care Provider Mini-Grants. The General Mini-Grants are available to all agencies that provide services to children 0-5 and/or their families with the exception of child care providers. The Child Care Provider Mini-Grants are available to all licensed child care providers that care for children ages 0-5. The intent of the program is to support community-based projects, including capacity building activities, which promote the development and support of young children and their families in Fresno County. The Mini-Grant Program provides small, one-time grants of up to \$5,000, depending upon the scope of the proposed project. Funding is not intended for on-going programs and activities, but for one-time only support.

LEVERAGING:

The Leveraging Program awarded approximately \$1.5 million in funding to leverage the State Department of Education's (DOE) State Preschool Program Funding MB 00-29 and General Child Care and Development Program Funding MB 00-28. The purpose of this leveraging opportunity was to expand and or enhance programs, by leveraging funds, which promote both the sustainability and integration of programs for children. The leveraging funds were awarded as a dollar-for-dollar match with a maximum of each grant totaling no more than \$500,000. The funds were awarded on a non-competitive basis and were used for start-up, operational and/or capital expenses.

C. GENERAL FUNDING CRITERIA

Proposition 10 enhances existing programs by providing financial support for the integration between and among them and new services developed in response to the program strategies described in this Plan. Proposition 10 funds are an additional source of funds to support linkages and program improvements that will be sustained through other funding mechanisms. The funds must be used to supplement, and not supplant other funding. As stated in the Attorney General's Opinion, "The intent of the act is no moneys expended are to be used to take the place of any existing funding that currently exists for any purposes." All Proposition 10 funded programs will need to provide evidence of their experience and capacity for working with infants, young children, and their families in order that programs are the highest quality for this vulnerable population. All programs, projects, services and activities funded by the Commission must adhere to the Vision, Mission, Values and Guiding Principles outlined in this Plan. Additionally, the Commission will ONLY fund those programs that:

- Are most appropriately funded by Proposition 10 dollars in relation to existing funding streams and that utilize in-kind and matching funds as appropriate. Thereby maximizing all available funds for children 0-5.
- Clearly reflect an integration into existing systems of care.
- Integrate efforts towards sustainability and program institutionalization.
- Are outcomes based and specifically identify the desired impacts on children.
- Include a tobacco prevention/education and/or cessation component within their program design.

D. SUMMARY OF 2002-2003 FUNDING

For 2002-2003, the Commission funds will be allocated among:

- **Commission-Developed Initiatives**, granted through a publicized process, to fund activities that support specific priorities identified by the Commission or that leverage and magnify funds received by other agencies.
- **Community-Developed Initiatives**, reserved for the discretion of the Commission to support programs, projects, services, and activities developed and proposed by individuals, organizations, agencies, and neighborhood and community groups.
- **Long-term initiatives**, to support major multi-year programs.
- **Special Initiatives**, programs such as School Readiness, Kit For New Parents, and C.A.R.E.S.
- **Mini-Grants**, for support of small, one-time requests for which the Executive Director has decision authority, meaning these will not be read by outside readers, the Executive Director will review them and present recommendations to the Commission for approval.
- **Sustainability** to extend the longevity of Proposition 10 funding.
- **Evaluation** of funded activities and the operations of the Commission.
- **Administrative costs**, to be kept as low as possible with responsible management of a comprehensive, County-wide program.

V. PLANNING & IMPLEMENTATION: NEXT STEPS

A. FUNDING INITIATIVES

While the Commission continues implementing its current efforts, including oversight of 50+ ongoing provider contracts, the mini-grant programs, the School Readiness Initiative, and other Special Initiative activities, it will move toward operationalizing the Community-Developed and Commission-Developed Initiatives as described in this Strategic Plan for 2002-2003, within the context of the overarching goal of School Readiness.

During fiscal year 2001-2002, the Commission completed the development of the funding guidelines and criteria for the General Grants Program, the Priority Area RFPs, and the Commission-based Partnerships. The next steps involve initiating these funding mechanisms to begin supporting additional activities enhancing the well-being of children 0-5 years and their families.

To implement the General Grants Program, the Commission will develop relevant materials describing the Program (e.g., funding guidelines brochure, application forms), conduct informational meetings in accessible sites throughout the county, and begin accepting Letters of Inquiry and full proposals for consideration. Staff anticipates conducting informational meetings kicking off the General Grants Program in July 2002, and implementing the proposal review process, awarding funds, and initiating services throughout the balance of the year.

To implement the Commission-Developed Initiatives, the Commission will: Develop and issue Request for Proposals with clearly defined funding criteria and guidelines specific to the Commission-identified priorities targeted by each RFP throughout 2002-2003. The initial release of Priority Area RFPs is anticipated by late summer/fall 2002, with application deadlines, proposal review, and contract awards and program initiation following thereafter.

Additionally, the Commission will begin proactively initiating the Commission-based Partnerships mechanism from the outset of fiscal year 2002-2003. This mechanism will enable the Commission to facilitate partnerships to develop services, programs, and other efforts that most responsively address Commission-identified priority areas via open dialogue and partnership with community partners. As partnerships emerge from this mechanism that best align with the Commission priorities, proposed activities will be brought forth through the contract review and awards process for program initiation.

B. ADVISORY COMMITTEE OF THE CHILDREN & FAMILIES COMMISSION OF FRESNO COUNTY

The Advisory Committee of the Children and Families Commission of Fresno County is an integral part of the Commission's planned activities for 2002-2003. Initially established and convened in April 2002, the Advisory Committee was formed with the following purpose:

"To provide technical and professional expertise and support that will be beneficial to the Children and Families Commission of Fresno County in accomplishing the purposes of the Children and Families Act; to advise and inform the Children and Families Commission of Fresno County on specific issues and areas of interest; to increase community participation in, and awareness of, Commission-supported endeavors; and to assist in the annual update of the Strategic Plan."

To fulfill this purpose, the Advisory Committee will meet on a monthly basis, or as needed, to support the efforts of the Commission in implementing the array of planned activities throughout the year. The Advisory Committee was formed with an initial composition of 20 persons, including not fewer than four parents of young children and with at least one parent of a child with special needs.

The Committee is comprised of representatives from the areas described below, and with every effort made to assure that membership is representative of, and reflects, the rich diversity of interests, geographic regions, economic backgrounds and cultural and ethnic diversity of our County and its residents (see Appendix C, Commission Advisory Committee):

▪ Early Care and Education	▪ Mental Health
▪ Family/Caregiver Support	▪ Alcohol, Drugs & Other Substances
▪ Children with Special Needs	▪ Prenatal/Maternal Health
▪ Parent(s) of Children	▪ Child Abuse & Domestic Violence
▪ Child Wellness and Health	

C. ONGOING DATA IMPROVEMENT

The Commission recognizes the importance of informing its efforts with sound data and information on its children 0-5 years and their families. Thus, the Commission will on an ongoing basis work to identify, analyze and prioritize the broad scope of needs of expectant parents, children from the prenatal stage to age five, and their families within the context of the County of Fresno's diverse populations, communities and service delivery systems.

As this ongoing process continues, a clearer understanding and definition of the problems will emerge, the understanding of their underlying causes will deepen, and our community's strengths, assets and resources can be best utilized to design effective initiatives and interventions.

The initial formation of the Children and Families Commission of Fresno County incorporated this commitment, which continues as an integral part of the planning and implementation process of the Strategic Plan. Efforts to enhance available data and information to enhance Commission activities include:

1. Conducting an annual review, public distribution, modification and adoption of the Commission's Strategic Plan, including revisiting Commission-identified priority 'need' areas.
2. Continuing to assess community strengths and resources, as well as needs and gaps in services as they relate to the Strategic Plan's primary Goals, Objectives, and Outcomes.
3. Compiling and analyzing existing research, needs assessments, and related literature on children 0-5 years and their families for "best" and "promising" prevention or intervention practices to meet the needs of the diverse populations in the County.
4. Conducting on-going outcomes-based evaluation of Commission-funded programs and continually enhancing efforts based on evaluation findings (described below).
5. Incorporating the regular involvement of, and review by, the Advisory Committee in the development of Commission programs, projects, services and other activities to ensure the inclusion of best or promising practices and program responsiveness to prevailing needs.
6. Mapping existing service delivery systems across Fresno County to identify gaps in services and to ensure revenue maximization and to enhance the coordination of care across provider systems.
7. Assessing barriers to accessing services and the capacity of service delivery systems to provide comprehensive and integrated services.
8. Identifying gaps in our knowledge, available data, and data collection systems as they pertain to information about expectant parents and children 0-5 years and their families, for the purposes of data improvement.

VI. MEASURING SUCCESS: OUTCOMES-BASED EVALUATION OF COMMISSION ACTIVITIES

The Children and Families First Act requires that the California Children and Families Commission adopt guidelines for County Commissions to use in developing their strategic plans. These guidelines must include "the results to be achieved by the adopted guidelines" and plans to collect and analyze data "to measure progress toward attaining such results." (Health and Safety Code Sec. 130125-c).

This state-level commitment to outcomes-based evaluation is embraced by the Children and Families Commission of Fresno County, which is taking strides to ensure that programs funded with Proposition 10 revenue are evaluated within a context of results-based accountability.

The Commission has engaged two evaluation contractors who are working in tandem to support the Commission's evaluation efforts at the individual program level, as well as countywide. The Applied Research Center (ARC), based at California State University, Bakersfield, is the lead evaluation contractor charged with establishing the Commission's evaluation approach, methodologies, data collection and compilation, data analysis, and reporting. Additionally, the Corporation for Standards and Outcomes (CS&O) has been engaged to establish and implement an Internet-based monitoring, tracking, and reporting system, which will be used as a primary mechanism for funded contractors to collect and input program-level and client data.

This pairing of evaluation contractors has also been engaged by the counties of Kern, Kings, Tulare, and Inyo, enabling the Commission to benefit from participating in an "evaluation collaborative" in which the shared experiences, progress, and lessons learned across the group can be beneficial to each county.

The Commission and its evaluation contractors will continue its progress toward implementing outcomes-based, program-level and population-level evaluation strategies during the 2002-2003 fiscal year.

Consistent with the results-based accountability approach, the Commission will clearly identify how the funded activities of its contractors link to specifically desired Strategic Plan Outcomes. Specific indicators for these Outcomes will be developed, which will subsequently drive the development of program-level evaluation plans. All contractors will be required to conduct program-level evaluations of the impacts and outcomes of their efforts. Additionally, contractors will participate in the Commission's countywide, population-level evaluation effort so that ultimately, outcomes data from individually-funded efforts can be assessed within the context of changes in countywide baseline indicators for children 0-5 and their families.

Initial countywide baseline indicators have been identified by the Commission, which will be further refined and finalized during the upcoming year. Ongoing data collection on baseline indicators will provide a platform for measuring progress of the Commission's overall programmatic commitments into the future.

Additional evaluation-related steps for presently funded contractors that will be taken during 2002-2003 include: Building capacity and readiness for contractors to implement program evaluation activities; empowering current contractors to utilize the Internet-based data collection system; and conducting trainings in the areas of confidentiality and informed consent.

All programs newly funded during 2002-2003 through the Commission-Developed and Community-Developed Initiatives will also be driven by the Commission's outcomes-based approach to evaluation in which program objectives are linked to the Strategic Plan's Goals, Objectives, and Outcomes. Technical assistance will be provided to contractors to identify appropriate process, impact, and outcome indicators for their projects as part of program evaluation plans. All funded contractors will have the developed evaluation plans approved by

the Commission as part of their overall scopes of work. Regular reporting of program performance and outcomes will be required of all contractors. Each step of the way in implementing Commission evaluation efforts, we will be consistent with and work in conjunction with State evaluation resources and activities.

VII. CONCLUSION

The *Putting Children First* Plan is a work in progress. The Commission realizes that the Plan is ambitious and will take many years to fully implement. The need for ongoing planning, evaluation of program, and the continual revision and refinement of the Plan is key to the successful achievement of the desired outcomes identified. The Commission will continue to review, evaluate and revise the Strategic Plan on an annual basis as to ensure that every infant and young child will enter school physically, mentally, socially and developmentally ready for school.

The creation of the Children and Families Commission of Fresno County provides an unprecedented opportunity to contribute toward the work of numerous public and private agencies, non-profit organizations, individuals, and coalitions that have worked for years to improve the lives of children and families. The Commission looks forward to being instrumental in bringing people and resources together on behalf of expectant parents, children from the prenatal stage up to age five and their families. *Putting Children First* is a critical step toward achieving that end.



Katlin, Age 11-1/2

2002-2003 STRATEGIC PLAN -- GOALS, OBJECTIVES AND OUTCOMES

STRATEGIC RESULT I: Create strong families to improve family functioning.

Goal 1: Parents will be knowledgeable and capable to meet the health and developmental needs of their children and families.

- A. Increase parental knowledge, skills, and capacity to provide effective and nurturing care for newborns and infants.
 - 2. Increase number of parents receiving information and skill-building support in caring for newborns/infants
 - 3. Increase number of parents receiving information on breastfeeding.
 - 4. Increase number of pregnant women/mothers in comprehensive perinatal programs
 - 5. Increase utilization of nutritional, education and food supplement programs
 - 6. Increase number of teen parents and other at-risk families receiving information and skill building support in caring for newborns/infants.
- B. Increase parental knowledge of child development and parenting skills
 - 1. Increase number of parents receiving information on child development and parenting.
 - 2. Increase number of teen parents and other at-risk families receiving information on child development and parenting
 - 3. Increase number of extended family members raising children who receive information on child development and parenting
 - 4. Increase number of foster parents receiving information and skill-building support in child development and parenting.

Goal 2: Parents of children with special health, developmental, emotional, and behavioral needs receive appropriate educational and support programs.

- C. Increase parental understanding of, and skills to meet, the needs of their children with special needs.
 - 1. Increase numbers of families with children with special needs utilizing comprehensive child health and development programs and other services that empower parents to meet the needs of their children.

D. Increase parental understanding of their own emotional needs regarding parenting a child with special needs

1. Increased numbers of families utilizing comprehensive family support programs.
2. Increased numbers of families receiving infant-family mental health screening and intervention.

STRATEGIC RESULT II: Improve child development so children are ready for school

Goal 3: Children entering school have achieved optimal age-appropriate learning and developmental milestones in the primary developmental domains (social, physical, emotional, cognitive).

E. Increase in children's access to quality child care and early education programs.

1. Increase in number of parents knowledgeable about what constitutes quality child care and early education programs, and know how to access such programs.
2. Increase in numbers of children utilizing quality child care that enhances the primary developmental domains of children (i.e., social, emotional, physical/motor, & cognitive).
3. Increase in numbers of children utilizing early education programs and/or services/activities that enhance the primary developmental domains of children (i.e., social, emotional, physical/motor, & cognitive).

Goal 4: Children with special developmental, emotional, and behavioral needs are identified early and receive quality intervention continuously from birth through kindergarten entry.

F. Increase in children with special needs who utilize early developmental, emotional and behavioral screening, and increase access to early intervention for developmental delays and emotional behavioral needs.

1. Increase in the number of parents who are knowledgeable of available early intervention services for children with special needs.
2. Develop standardized referral guidelines for early intervention and services.
3. Increase in number of referrals for screening and early intervention of special developmental, emotional and behavioral needs, including postnatal home visitation and assessment of special needs.

4. Increase the numbers of families/parents who receive information on identifying signs of early developmental / emotional/behavioral needs.
 5. Increase in the number of children with special needs who receive appropriate services to address their developmental, emotional and behavioral needs.
- G. Increase special need children's utilization of child care and early childhood education settings where their individual needs are accommodated.
1. Increase in number of parents of special needs children who are knowledgeable about child care and early childhood education services that accommodate their children.
 2. Increase number of licensed child care and early education settings that accommodate special needs children.
 3. Increase in numbers of children with special needs that are utilizing quality child care that optimally enhances the primary developmental domains of children (i.e., social, emotional, physical/motor, & cognitive).
 4. Increase in numbers of children with special needs who are utilizing early education programs that optimally enhance the primary developmental domains of children (i.e., social, emotional, physical/motor, & cognitive).

STRATEGIC RESULT III: Improve children's health

Goal 5: Infants are born healthy, at full term and free from prenatal exposure to tobacco, drugs, and alcohol.

- H. Increase in the number of healthy, full-term births
1. Increase the number of women receiving prenatal care in the first trimester.
 2. Increase the number of women that are accessing appropriate prenatal care throughout their pregnancy.
 3. Increase preconceptional planning among families with children 0 to 5 years.
 4. Increase in families with children age 0 to 5 using family planning practices.
- I. Decrease in the number of low birth weight and very low birth weight infants
1. Increase the number of women receiving prenatal care in the first trimester.
 2. Increase the number of women that are accessing appropriate prenatal care throughout their pregnancy.

3. Increase preconceptional planning among families with children 0 to 5 years.
4. Increase in families with children age 0 to 5 using family planning practices.

J. Decrease the number of infants born who were prenatally exposed to tobacco, alcohol and drugs.

1. Increase the number of pregnant women and their families who receive information on the harmful effects of tobacco, alcohol, drugs and other harmful substances during pregnancy.
2. Improve screening, assessment, and referral of pregnant women and families of infants and young children using tobacco, alcohol, and drugs.
3. Increase in number of pregnant families and families of infants and young children receiving treatment through alcohol and drug programs.
4. Increase in parents and family members attending tobacco cessation programs.

Goal 6: Children are physically and mentally healthy and well-nourished.

K. Increase in the number of children that are free from, or are optimally managing, physical health problems.

1. Increase number of infants and young children with a consistent health care provider who monitors health and intervenes in illness.
2. Increase in screening, referral, and treatment of infants and children with special physical health needs.
3. Increase in number of exclusively breastfed infants age 0 to 6 months.
4. Increase in the total breastfeeding rate (partial and exclusive) at age 6 months and up to one year.
5. Increase in the number of children receiving age appropriate immunizations.
6. Increase in the number of children receiving age appropriate oral health screening and treatment.
7. Increase in the number of children with asthma and their families receiving information and building skills to appropriately manage childhood / chronic asthma.
8. Increase in the number of infants and young children receiving screening, referrals, and treatment.
9. Increase in the number of children and their families receiving information and building skills to reduce tobacco smoke exposure.
10. Increase in parents and family members attending tobacco cessation.

L. Increase in the number of children that are free from, or are optimally managing, mental health problems

1. Increase in screening, referrals, and treatment of infants and children for special mental health needs.
2. Increase in the number of children and their families receiving information on, and building skills to, appropriately manage childhood mental health conditions.

M. Increase in the number of infant and young children with good nutrition and appropriate levels of exercise/physical activities

1. Increase the number of parents receiving information on nutritional education, healthy eating habits of children, and breastfeeding.
2. Increase in screening and treatment of infants and children for nutritional deficiencies.
3. Increase the number of parents receiving information on age-appropriate exercise and physical activity needs of children to support healthy physical / motor development.

Goal 7: Children are free from violence and injury - both intentional and unintentional.

N. Decrease in the number of intentional injuries to children

1. Increase the number of parents receiving education on the effects of domestic and physical violence and neglect on children.
2. Increase in number of parents receiving anger management education and services.
3. Increase the number of parents who receive information on, and are knowledgeable of, positive, non-physical forms of childhood discipline.
4. Increase the number of care providers and law enforcement personnel receiving training on the effects of abuse and domestic violence on young children.
5. Increase the number of parents who are victims of spousal abuse/domestic violence who are receiving information and support regarding breaking the cycle of violence to reduce the potential for child injuries.

O. Decrease in the number of children who are exposed to (i.e., observe) domestic and physical violence in their families.

1. Increase the number of parents receiving education on the impacts on children who observe domestic and physical violence in their families and households.
2. Increase in number of parents receiving anger management education and services.
3. Increase the number of care providers and law enforcement personnel receiving training on the impacts on children who are exposed abuse and domestic violence.

P. Decrease in the number of children injured in automobile accidents

1. Increase in new parents receiving information on, and complying with, automobile safety seats upon leaving the hospital after childbirth.
2. Increase in parents receiving education on automobile safety seats (e.g., importance of, proper installation, and new laws).
3. Increase in number of care providers who are knowledgeable and trained to assist in compliance with safety seat laws.

Q. Decrease in the number of unintentional injuries to children

1. Increase the number of parents receiving information on potential unintentional injuries to children (e.g., water safety, poison control, railroad crossings, burn safety, bicycle safety, lead exposure).
2. Increase in the number of child care and child development program settings, which minimize the risk of unintentional injuries through safe and secure environments.

Goal 8: Community norms reflect and recognize the importance of early childhood development, health, nutrition, and child safety.

R. The general public and business community become knowledgeable of the importance of, and provide support to, efforts that enhance child health, nutrition, child safety and early childhood development outcomes.

1. Increase awareness and support at the community level for addressing the breadth of health care needs of infants, young children and during the prenatal period (e.g.: oral health, immunizations, physical health and mental health).
2. Increase awareness and support at the community level for addressing early childhood development and education needs of infants and young children.
3. Increase awareness and support at the community level for addressing nutritional needs of infants and young children.
4. Increase awareness and support at the community level for addressing the safety needs of infants and young children; both intentional and unintentional.
5. Increase awareness and support at the community level regarding domestic violence and abuse and their impacts on children.

Strategic Result IV: Improve systems for families so services are integrated, accessible, culturally-appropriate and of high quality

Goal 9: An integrated service delivery system provides care for infants, young children, and their families throughout Fresno County.

S. Increase the knowledge of needs and gaps in services

1. Identify existing resources, services and programs in community areas in order to determine service gaps.
2. Increase proficiency of providers and systems of providers to collect data on needs and outcomes.
3. Assess local needs through on-going, or as-needed, data collection and data improvement efforts.
4. Develop and implement a mechanism for ongoing data accumulation and dissemination at program and population levels.
5. Utilize available data to evaluate implemented programs, and for program prioritization.

T. Increase level of integration among service providers serving children and families in Fresno County.

1. Improve communication among service providers to achieve higher levels of service integration.
2. Increase cross referral systems among services provided to children and families in Fresno County.
3. Increase formal collaboration (e.g., in the form of joint planning, needs identification, and service delivery) among all appropriate service providers, thereby decreasing duplication and enhancing integrated services.
4. Increase number of providers offering access to multidisciplinary services to clients (e.g., via access to medical health, mental health, child care, and parent education specialists/resources, etc.).
5. Increase multi-service sites, such as Children and Family Centers using diverse service delivery sites.

Goal 10: Quality childcare, health care, and early education are readily accessible to all children and families in Fresno County.

U. Increase the availability of quality services for abused, neglected and other children removed from their homes.

1. Increase advocacy and services for children removed from their homes to ensure their health, developmental, and other needs are addressed, and placements in safe, permanent homes are expedited.

2. Increase the coordination between dependency/child welfare systems and health, developmental, and other services to ensure services are available for out-of-home children.
3. Increase the coordination among foster care, reunification, adoption and other related services to expedite permanent placements most optimal for out-of-home children.

V. Increase capacity to serve infants and children in licensed family child care homes and centers

1. Increase number of licensed family child care homes and centers in areas where available services are insufficient to meet need.
2. Increase the capacity/slots of existing family child care homes and centers in areas where available services are insufficient to meet need.
3. Increase in number of workplaces offering work site child care.

W. Increase access to programs and services for children and families in Fresno County

1. Decrease in number of families unable to access health services for financial and other reasons, including increasing babies and young children covered by health insurance covering physical and mental health services.
2. Decrease in number of families unable to access child development/ childcare/ early education programs for financial and other reasons, including increases in subsidized child care slots to meet needs of low-income and working poor.
3. Increase levels of awareness of, and knowledge of how to access, existing services for children and families in the county.
4. Increase in the number of families able to access emergency relief services (e.g., food, clothing/personal items, shelter, safe and secure environment).

X. Increase the quality of child care and early educational programs.

1. Increase in number of accredited child care programs in Fresno County.
2. Increase in number of existing providers who offer preschool enrichment and school readiness programs (activities, facilities, services, etc.) aimed at enhancing the primary developmental domains of children.
3. Increase in number of family child care providers and child care centers who are linked with trained mentors.
4. Increase access to best practice models and recent scientific findings for children and families.
5. Increase in number of child care training courses with materials provided to providers in multiple languages.
6. Increase the linkages between early education/preschool providers and the kindergartens which children will enter.

7. Increase in service programs that document cultural awareness, sensitivity, and competence of care providers.

Goal 11: Transportation is available, accessible, coordinated and well-publicized throughout the county, enabling children and families to have full access to programs.

Y. Increase availability of transit services among rural communities and between rural and urban communities

1. Increase in needed transportation services and options for families of children ages 0 to 5.
2. Increase in rural transit routes and frequency of existing services.

Z. Increase accessibility to transit system services

1. Increase affordability of, and reduce financial barriers to, available transportation services and options to child care, medical appointments, parenting classes, and other services.
2. Increase the coordination among available transportation systems and options to maximize services and coverage countywide.
3. Increase the coordination between available transportation systems/options, and the system of service providers being accessed.
4. Increase community level awareness of, and knowledge of how to access, available transportation services.

Goal 12: A personnel pool of qualified and educated professionals who obtain continuous, ongoing training, are available for child care, early education, parent support and education, child and family health, and wellness programs

AA. Increase the supply of qualified service providers when appropriate and necessary.

1. Increase the number of diverse service providers who are culturally competent and linguistically appropriate (e.g., speaking the language of the families served).
2. Increase the number of individuals that are in career educational tracks to improve career opportunities in early child education.
3. Increase service providers who are specifically knowledgeable about children ages 0 to 5.

BB. Increase the retention of qualified staff to stabilize child care workforce

1. Decrease in turnover and vacancies in agencies providing children's services in Fresno County.
2. Increase in incentive programs for providers' staff to seek continued professional education.

3. Increase in the number of current child care professionals in career ladder educational tracks.

CC. Increase the number and quality of professional educational opportunities for service providers.

1. Increase in accessible provider training programs in a variety of topic areas provided in Fresno County.
2. Increase the pool of qualified trainers for provider training programs offered.
3. Increase in the number of care providers taking professional educational training courses.
4. Increase in training courses integrated with mentoring, career advising, second language development, and community parent groups.
5. Increase in mentoring programs/number of trained mentors for providers.

Goal 13: A growing number of individuals and groups (ranging from parents/families, various community groups/businesses, and service providers) is empowered to address the needs of children (0-5) and their families, and advocate effectively on their behalf.

DD. Increase community members' (i.e., parents, families, neighborhoods, etc.) capacity for, and active involvement in, defining problems impacting children (0-5 years), and developing and implementing solutions for them.

1. Increase community capacity and involvement in identifying children's (0-5) needs and solutions.
2. Increase advocacy skills and levels of community advocacy for children's (0-5) issues.

EE. Increase in the number of entities (businesses, faith-based groups, providers, etc.) with the commitment and capacity to actively address the needs impacting children (0-5) and their families.

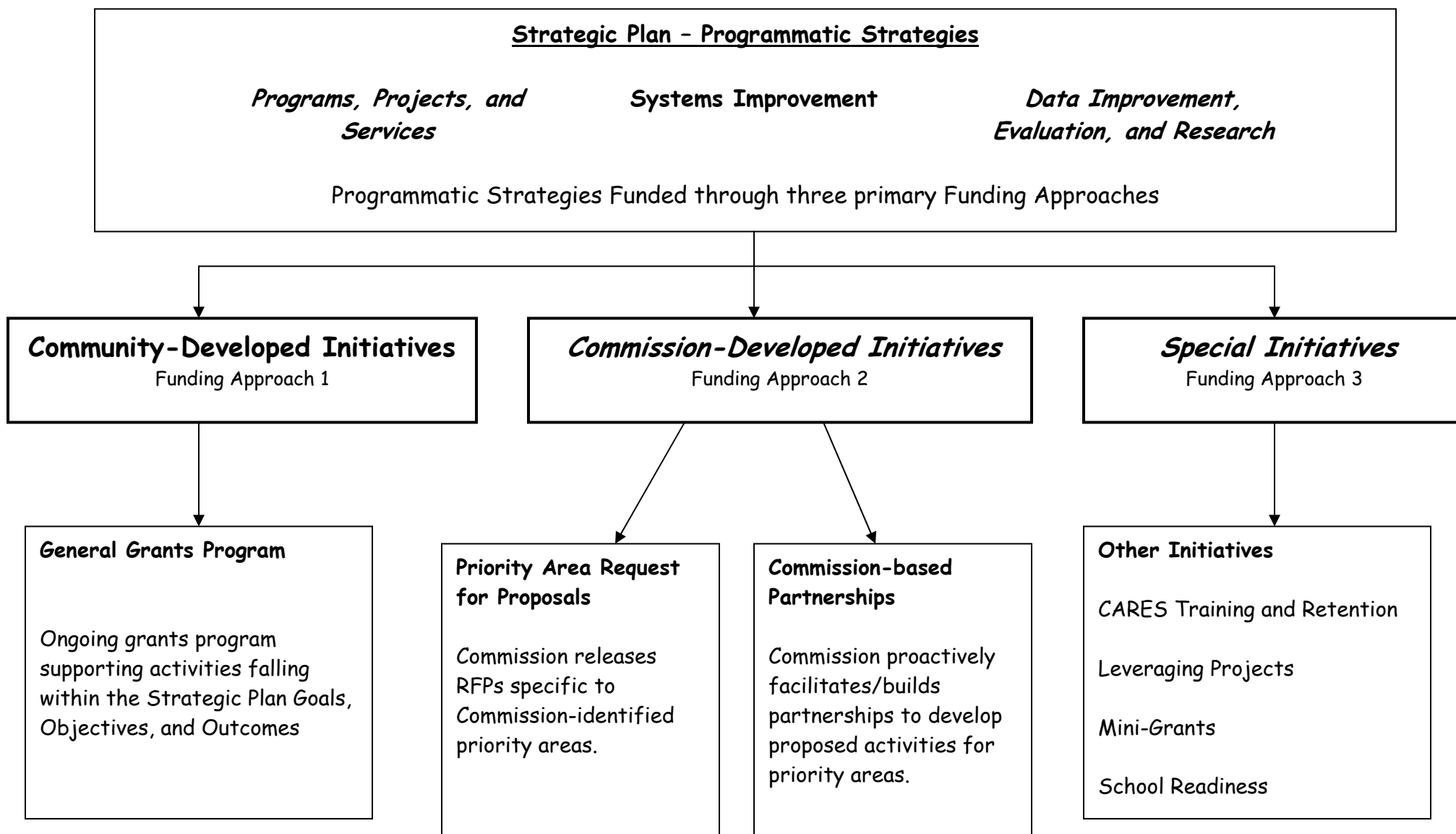
1. Increase capacity of businesses, organizations, providers, and other groups to address needs of children and their families.
2. Increase advocacy skills and levels of advocacy for children's issues among various community groups, businesses, and providers in the county.

FF. Increase the number of sustainable quality programs, projects, and services for children 0-5 and their families.

1. Increase the number of providers developing and implementing efforts to enhance the sustainability of their services.

2. Increase in levels of coordination across providers and service systems toward long-term sustainability of essential services for children 0-5.

COMMISSION FUNDING APPROACHES



COMMISSION ADVISORY COMMITTEE AREAS



New areas may emerge
Membership drawn from, but
not limited to, identified areas
Areas may overlap

ADVISORY COMMITTEE MEMBERS – 2002-2003
CHILDREN AND FAMILIES COMMISSION OF FRESNO COUNTY

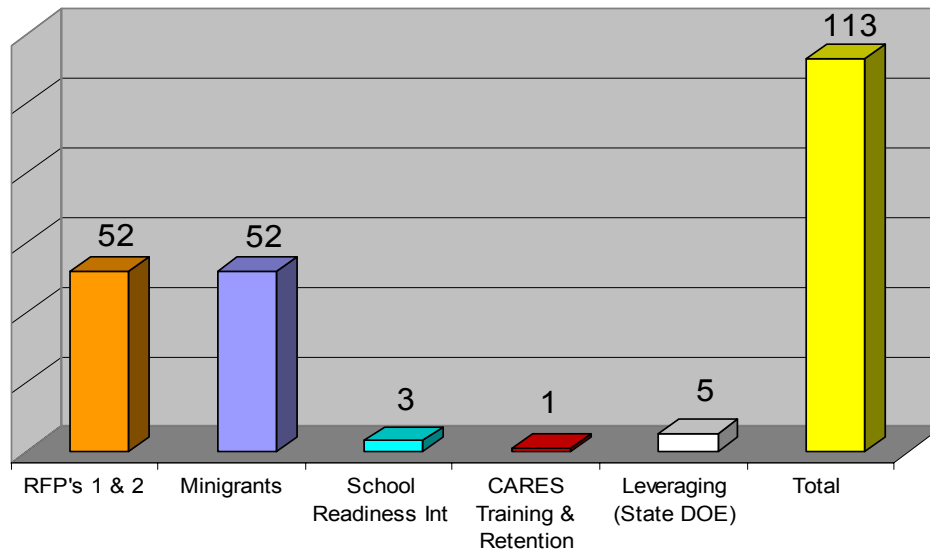
Appointee	Area of Interest/Expertise
1. Wilma Hashimoto	Early Care and Education
2. Dwight Miller ¹	Early Care and Education
3. Naomi Quiring Mizumoto	Early Care and Education
4. Missie Rhinehart	Child Abuse & Domestic Violence
5. Shirley Sanchez	Child Abuse & Domestic Violence
6. Connie Woodman	Prenatal/Maternal Health
7. Martha Magnia	Family / Caregiver Support
8. Marilyn Moore	Family / Caregiver Support
9. Kim Lamb	Children with Special Needs
10. Bob Wells	Children with Special Needs
11. Charles Lewis	Child Wellness and Health
12. Marquis Newby	Child Wellness and Health
13. Laurie Haberman	Mental Health
14. Maryl Millard	Mental Health
15. Eric Don-Pedro	Alcohol, Drugs, and Other Substances
16. Lynette Statham	Alcohol, Drugs, and Other Substances
PARENT REPRESENTATIVES (4 participants on rotating basis)	
1. Dana Lyn Davis	Parent of Children (special needs)
2. Karen Ray	Parent of Children (special needs)
3. Toni Garza	Parent of Children
4. Robin Leppo	Parent of Children
5. Michelle Roman	Parent of Children
6. Christina Roup ²	Parent of Children

¹ Selected by Advisory Committee as Chairperson

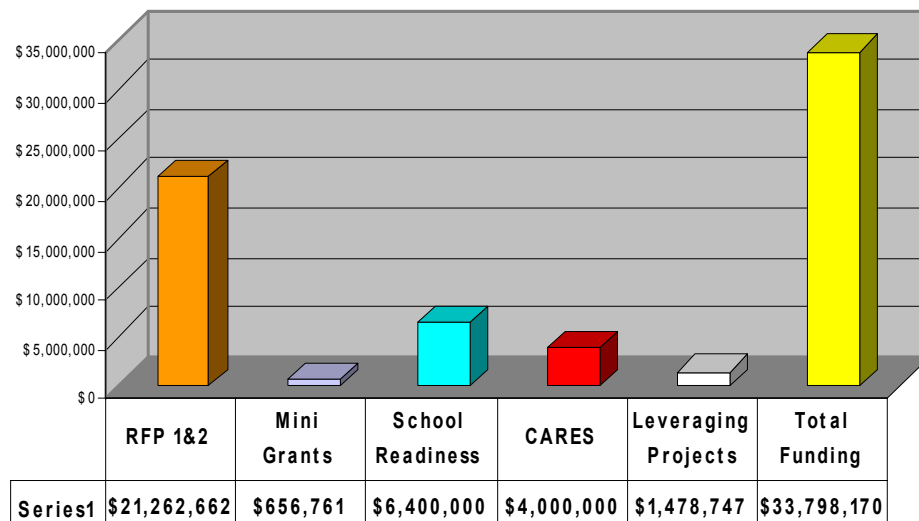
² Selected by Advisory Committee as Vice-Chairperson

SUMMARY OF COMMISSION PROJECTS

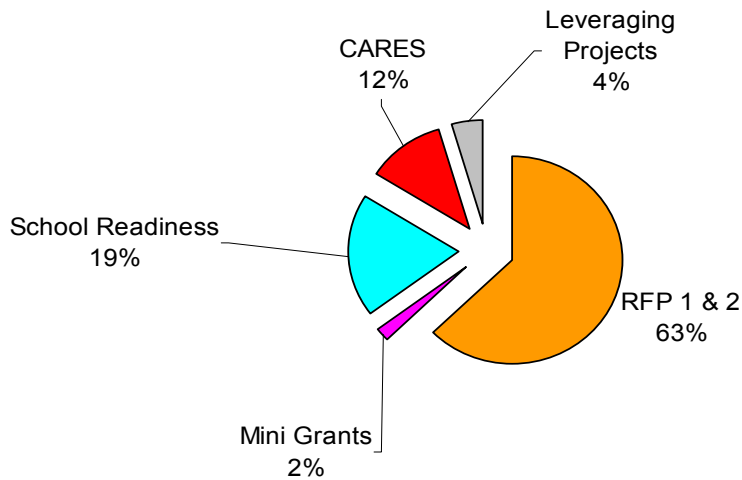
Total # of Commission Contracts by Funding Mechanism (through May 2002)



Total Commission Funding Amounts Encumbered, By Funding Mechanism

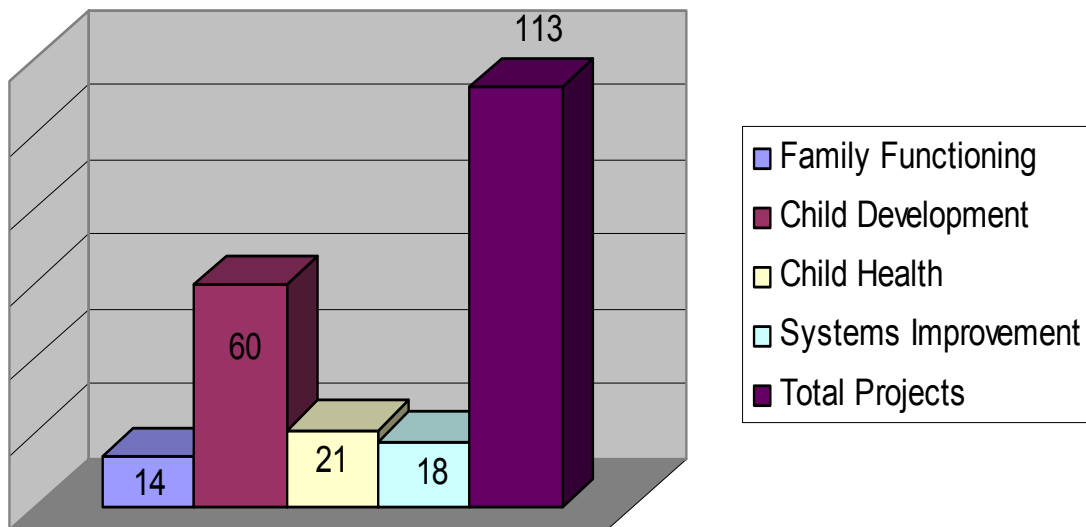


Percentage Commission Funding by Funding Mechanism



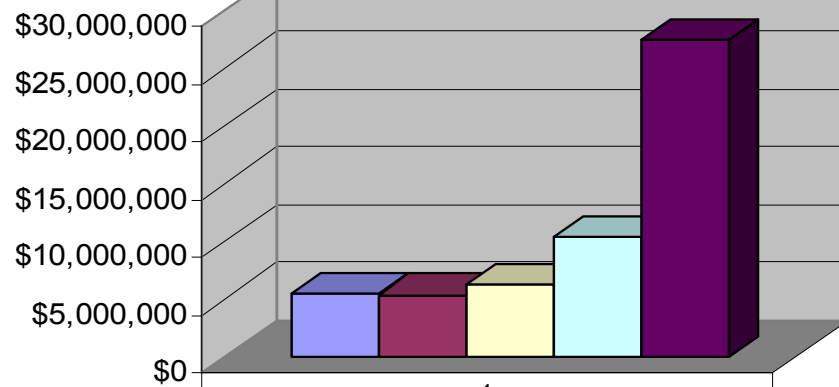
Total Commission Contracts by Strategic Result Area

(total executed contracts through May 2002)



Note: The above data reflect the primary Strategic Result Area that each contractor is addressing. Many contractors, however, are providing some level of services across two or more Strategic Result Areas.

Amount of Funding by Strategic Result Area

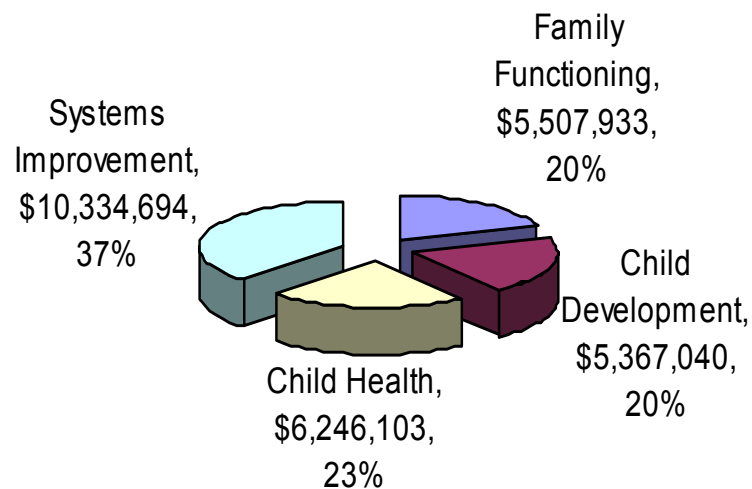


Family Functioning	\$5,507,933
Child Development	\$5,367,040
Child Health	\$6,246,103
Systems Improvement	\$10,334,694
Total Projects	\$27,455,770

Note: The allocation of dollar figures to Strategic Result Areas is based on the primary Strategic Result Area being addressed by each contractor. In cases where a contractor is providing substantial service in an additional Strategic Result Area, the financial amounts have been allocated evenly across the primary and secondary Strategic Result Areas addressed. The total dollar amount reflects the total amount in executed contracts through May 2002.

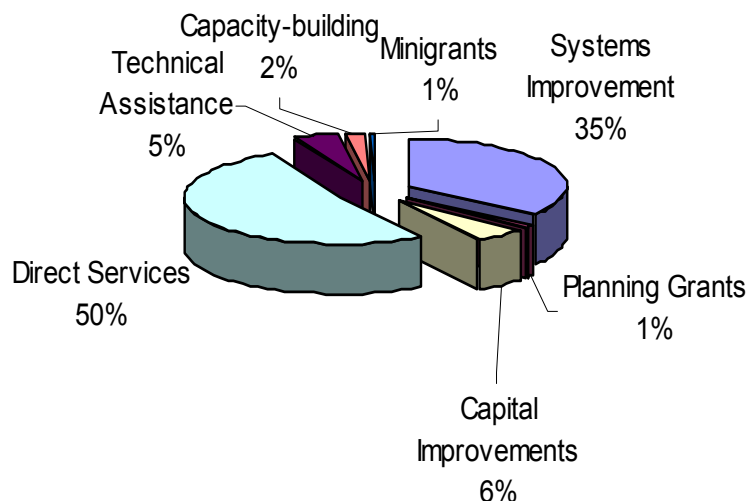
Percent Commission Funding By Strategic Result Area

(for executed contracts through May 2002)

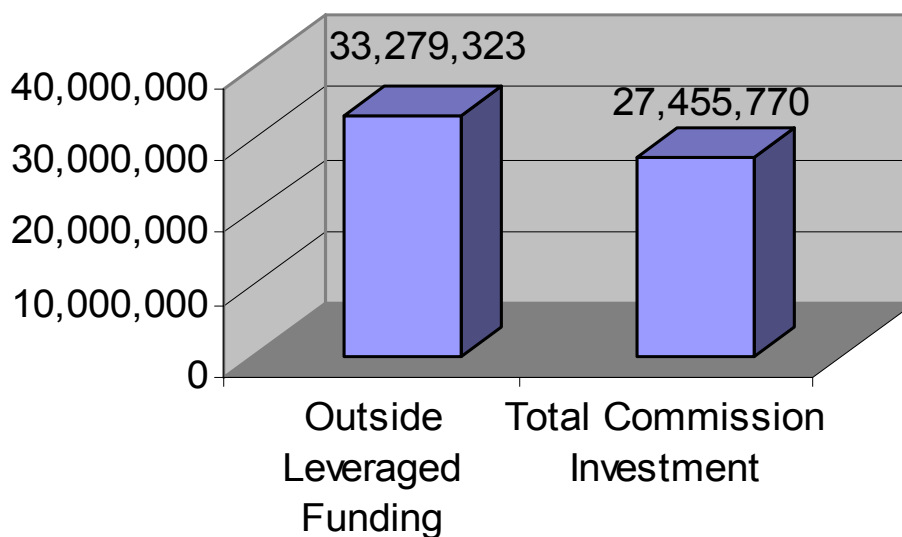


Percent Funding by Service Type

(for executed contracts through May 2002)



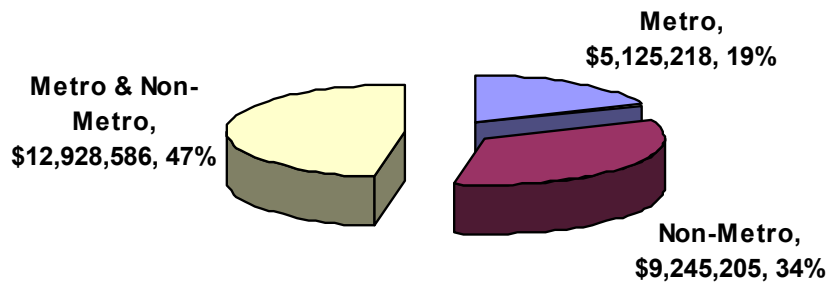
Estimated Total Outside Leveraged Funds by Commission Funds Allocated



Amounts of leveraged funding are estimates based on amounts of outside leveraged dollars (in-kind excluded). Estimates are for Round 1 & 2 providers based on self-reported data.

Amount Funding by Geography

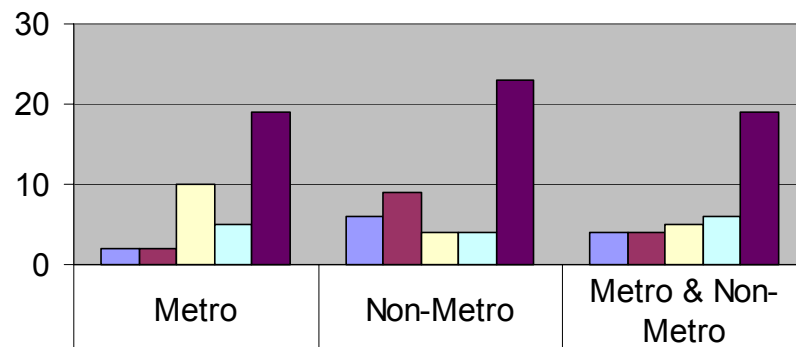
(for executed contracts through May 2002)



Total excludes mini-grant funding of \$156,761

Number of Commission Programs by Area and Strategic Result

(for executed contracts through 2002, excl. minigrants)



	Metro	Non-Metro	Metro & Non-Metro
Family Functioning	2	6	4
Child Development	2	9	4
Child Health	10	4	5
Systems Improvement	5	4	6
Total	19	23	19

CHILDREN AND FAMILIES COMMISSION OF FRESNO COUNTY 2002-2003 STRATEGIC PLAN PRIORITIES

Early Care and Education (ECE)

Increasing access to quality early care and education programs, including daycare and preschool/enrichment programs. This priority area includes issues such as: Increasing awareness of what constitutes quality ECE, increasing availability, accessibility, and utilization of ECE services, increasing advocacy in support of quality ECE services, and increasing the quality of ECE services.

- Quality ECE is a critical determinant linked directly to school readiness, which is at the heart of the Commission's mission.
- Academic performance indicators demonstrate need for enhanced school readiness efforts, with 75+ Fresno County elementary schools with an API ranking of 3 or lower³.
- Pressing ECE needs exist for a variety of direct services, systems improvement and capacity building.
- Data improvement efforts are needed to enhance availability of quality data on school readiness⁴.
- Forty percent of child care provided for infants and toddlers nationwide has been found to provide less than "minimal quality" care, which can be detrimental to child development⁴.
- Needs for ECE overwhelm available services/resources/capacity:
 - Some 34,571 Fresno County children 0-5 have working parents, while licensed childcare slots for this age range would accommodate half of this number, at best⁵.
 - Children under age 5 account for 82,124 residents, with an estimated 34,000+ living in poverty; 12,750 total slots exist in preschool enrichment

³ 2001 API Base, CDE Policy and Evaluation Division, January 16, 2002.

⁴ Children's Defense Fund, 1999.

⁵ 2001 California Child Care Portfolio.

programs (e.g., State Preschool, Head Start), with one-third available via free preschool services⁶.

■ Costs of ECE care are prohibitive for many families

- 42% of Fresno County children live in poverty, challenging affordability of quality ECE.
- Costs for daycare for an infant consume 61% of income from a minimum wage income household.
- Costs for daycare for two children consume 37% of a median income household (\$33,882).
- Average monthly costs for preschool enrichment programs is \$550⁴.

Strategic Plan Objectives and Outcomes that are relevant to this priority include:

- Increase in children's access to quality child care and early education programs.
- Increase in number of parents knowledgeable about what constitutes quality child care and early education programs, and know how to access such programs.
- Increase in numbers of children utilizing quality child care that enhances the developmental domains of children (i.e., social, emotional, physical/motor, & cognitive).
- Increase in numbers of children utilizing early education programs and/or services/activities that enhance the developmental domains of children (i.e., social, emotional, physical/motor, & cognitive).
- Increase special need children's utilization of child care and early childhood education settings where their individual needs are accommodated.
- Increase awareness and support at the community level for addressing early childhood development and education needs of infants and young children.
- Increase capacity to serve infants and children in licensed family child care homes and centers.

⁶ Children Count! 2001 Report Card, The Well-being of Children in Fresno County.

- Decrease in number of families unable to access child development/ childcare/ early education programs for financial reasons, including increases in subsidized child care slots to meet needs of low-income and working poor.
- Increase the quality of child care and early educational programs.
- Increase the retention of qualified staff to stabilize child care workforce.
- Increase the numbers of families/parents who receive information on identifying signs of early developmental/emotional/behavioral needs.
- Increase in the number of children with special needs who receive appropriate services to address their developmental, emotional and behavioral needs.

Unintentional Injury

Keeping our children safe by reducing fatal and non-fatal, unintentional injuries, the vast majority of which are preventable.

- Unintentional injuries have severe, often fatal or long-term health impacts on children 0-5 years.
- The vast majority of unintentional injuries are *preventable*.
- The primary causes of injuries in Fresno County include: Falls, motor vehicle-related incidents (vehicle occupants and pedestrians), burns, poisoning, drowning/submersion, unintentional suffocation, etc.
- In 2000, 270 children were *hospitalized* due to fatal/non-fatal unintentional injuries in Fresno County⁷.
- For each injured child who requires hospitalization, estimates suggest there are 10 more injured children treated through emergency rooms, and 25-30 more children treated through physicians offices.
- An estimated 265 Fresno County children 0-5 were injured in motor vehicle collisions, with an additional 6 fatalities in 2000⁸.

Strategic Plan Objectives and Outcomes that are relevant to this priority include:

⁷ CDHS, EPIC Branch – California Injury Data Online.

⁸ California County Data Book 2001.

- Decrease in the number of unintentional injuries to children.
- Increase the number of parents receiving information on potential unintentional injuries to children (e.g., water safety, poison control, railroad crossings, burn safety, bicycle safety, lead exposure).
- Increase in the number of child care and child development program settings, which minimize the risk of unintentional injuries through safe and secure environments.
- Decrease in the number of children injured in automobile accidents.
- Increase in new parents receiving information on, and complying with, automobile safety seats upon leaving the hospital after childbirth.
- Increase in parents receiving education on automobile safety seats (e.g., importance of, proper installation, and new laws).
- Increase in number of care providers who are knowledgeable and trained to assist in compliance with safety seat laws.
- Increase awareness and support at the community level for addressing the safety needs of infants and young children; both intentional and unintentional.

Mental Health

Increasing access, availability and quality of Children's Mental Health services, including prevention and early intervention

- Children with mental health issues (e.g., anxiety, depression, etc.) face substantial barriers to being ready for school.
- Severe gaps exist in therapeutic childcare for children 0-5 suffering from mental health issues.
- Early identification of mental health issues in children 0-5 greatly enhances success of treatment, yet many parents/caregivers lack the resources to assess and identify mental health issues in their children.

- Families and caregivers of children 0-5 years with mental health issues are in great need of support to provide optimal care for their children.
- A general lack of community awareness exists with regard to mental health issues for children 0-5.
- Mental health-related needs overwhelm available resources and providers for adequately meeting the breadth of mental health issues for all children and their families.

Strategic Plan Objectives and Outcomes that are relevant to this priority include:

- Increase in the number of children that are free from, or are optimally managing, mental health problems.
- Increase the supply of qualified service providers when appropriate and necessary.
- Increase awareness and support at the community level for addressing the breadth of health care needs of infants, young children and during the prenatal period.
- Increase in screening, referrals, and treatment of infants and children for special mental health needs.
- Increase in the number of children and their families receiving information on, and building skills to, appropriately manage childhood mental health conditions.

Healthy Nutrition and Physical Activity

Achieving optimal nutrition and physical activity for our infants and children

- Proper nutrition and physical activity for infants and young children are essential for normal growth and development, as well as have significant, lasting impacts later in life.
- In the year 2000, 13.9% of low-income children (0-5) in Fresno County were overweight⁷; children served through three Fresno County WIC sites had higher rates, with 15.3% -15.6% of children overweight. The highest prevalence was among Asian (19.4%) and Hispanic (14.9%) children.

- Patterns of obesity begin in the early (0-5) years, often well before children are diagnosed as obese; half of children who are obese after the age of 6 will remain that way the rest of their lives.
- The US Surgeon General has identified obesity as a national epidemic; 25% of school-age children are either overweight or at-risk for being overweight. California ranks 5th in the nation in rates of childhood obesity.
- Anemia (iron deficiency) among children 0-5 years in Fresno County was 16.3%, with higher prevalence among African-American (21.6%) and Asian (17.4%) children⁹.
- Needs for enhancing childhood nutrition and physical activity extend beyond existing programs serving low-income and high-risk populations; poor nutrition and its impacts affect all racial/ethnic and socioeconomic groups at county, state, and national levels.
- Achieving optimal nutrition in Fresno County is hampered by high rates of poverty/unemployment, access to food, limited parent knowledge of healthy eating and food preparation, poor eating habits of parents, certain culturally-based barriers, etc.
- Children with poor nutrition are at greater risk for infectious disease and lead poisoning/absorption due to their compromised immunity.
- Children's diets and levels of activity are dictated by parental/family diets and activity levels, which are increasingly sedentary and nutritionally inadequate (high in saturated fat, increasing consumption of fast food, inadequate fruit, vegetable, grain intake; increase in red meats, etc.)¹⁰.
- Taste preferences and eating habits are formed early in life, having lasting impacts on food choice and adulthood.
- Parents/families often equate overweight children as 'healthy' children, and encourage poor eating patterns or those that lead to obesity.
- In 1999, 31,910 participants received WIC, 67% of those eligible¹¹.
- Childhood obesity is linked to breathing problems, diabetes, emotional problems, hormonal imbalances, bone/joint problems; the most immediate consequence of overweight as perceived by the children themselves is social discrimination, associated with poor self-esteem and depression¹².

⁹ CHDP, Year 2000.

¹⁰ California Dietary Practices Survey, 1989-1997.

¹¹ California County Data Book 2001, Children Now.

¹² The Surgeon General's Call to Action To Prevent and Decrease Overweight and Obesity, April 2002.

Strategic Plan Objectives and Outcomes that are relevant to this priority include:

- Increase in the number of infant and young children with good nutrition and appropriate levels of exercise/physical activities.
- Increase the number of parents receiving information on nutritional education, healthy eating habits of children, and breastfeeding.
- Increase in screening and treatment of infants and children for nutritional deficiencies.
- Increase the number of parents receiving information on age-appropriate exercise and physical activity needs of children to support healthy physical / motor development.
- Increase awareness and support at the community level for addressing nutritional needs of infants and young children.

Children Removed or At-risk of Being Removed From the Home

Supporting children 0-5 years that are at-risk of entering or are currently in the dependency / child welfare system, including prevention and early intervention services.

- Infants, toddlers, and preschoolers are among the most vulnerable of those in the foster care and adoption systems because of the disruptive changes they often undergo during critical developmental periods¹³.
- Children removed from their homes are disproportionately affected by a multitude of health, mental health, emotional and other developmental challenges; many are abused, neglected, and drug-exposed.
- Out-of-home children may lack continuity in a relationship with an adult who is nurturing and protective, thus hindering the development of trust, security, bonding and attachment so critical to healthy development¹⁴.

¹³ Foster Care, Adoption, and Proposition 10: Helping Our Most Vulnerable Young Children; California Policy Research Center.

¹⁴ American Academy of Pediatrics: Developmental Issues for Young Children in Foster Care.

- As of March 2002, there were 3,448 Fresno County children in out of home care, with 855 of whom are 0-5¹⁵. Other estimates place the number of children 0-5 in out of home care closer to 1,100.
- Children in out of home care may experience barriers to needed care and treatment, which may be delayed until several months after entry into dependency.
- The average length of stay for all children in the county Child Welfare Departments is 22.9 months, exceeding established limits.
- The rates of Fresno County child abuse reports (80.8) and children in foster care (13.5) exceed those respective rates at the state level (68.0,10.5)¹⁶.

Strategic Plan Objectives and Outcomes that are relevant to this priority include:

- Increase in the availability of quality services for abused, neglected, and other children removed from their homes.
- Increase advocacy and services for children removed from their homes to ensure their health, developmental, and other needs are addressed, and placements in safe, permanent homes are expedited.
- Increase the coordination between dependency/child welfare systems and health, developmental, and other services to ensure services are available for out-of-home children.
- Increase the coordination among foster care, reunification, adoption and other related services to expedite permanent placements most optimal for out-of-home children.

Increasing Children's Access to Health Care

Strengthening children's (0-5 years) essential linkages to health care

- A child's health and access to health care plays an important role in school readiness.
- The large number of Fresno County's unemployed, poor, and working poor have a variety of barriers limiting access to health care for children 0-5 and pregnant women, including financial, geographic, transportation, perceptual, and other barriers.

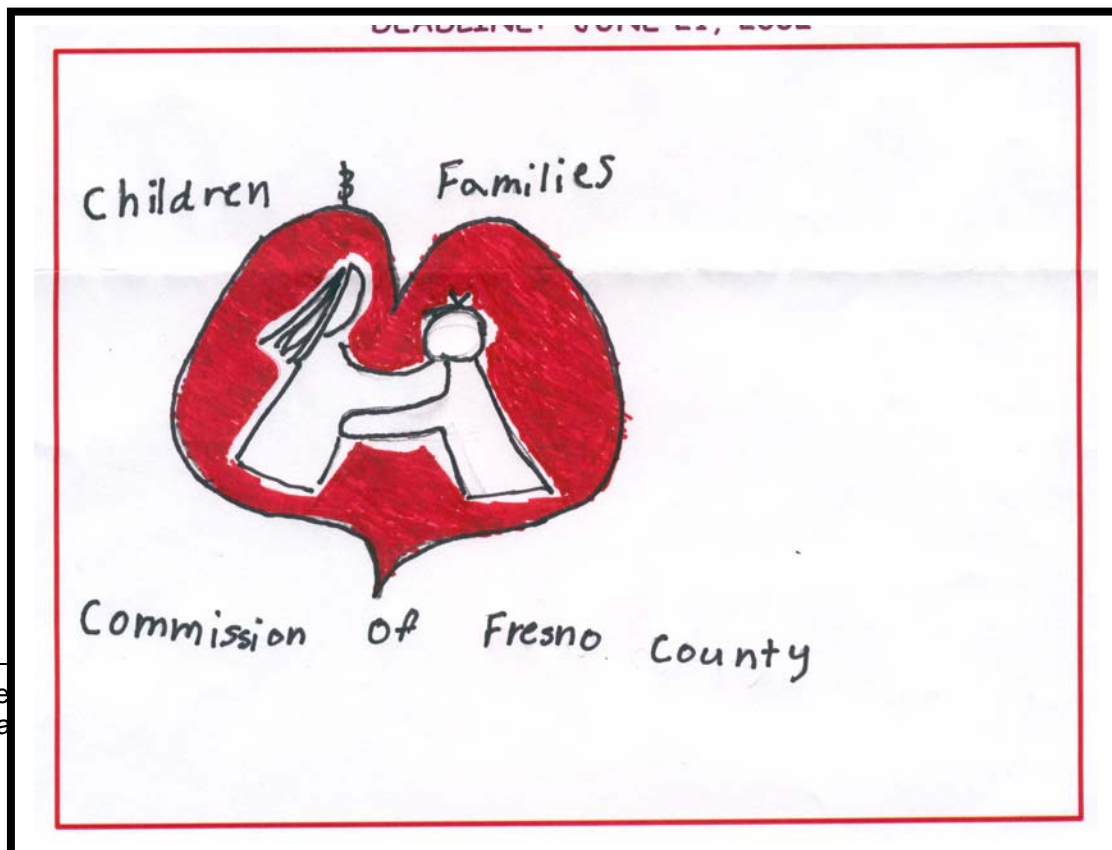
¹⁵ California Department of Social Services – Research & Development Division.

¹⁶ California County Data Book 2001: Children Now.

- Three-year average estimates ('97-'99) suggest as many as 16% of Fresno County children lack health insurance¹⁷.
- Statewide data indicate that more than two-thirds of children who are uninsured are eligible for either Medi-Cal (29%) or Healthy Families (39%), thus suggesting that many children in Fresno County are going without coverage needlessly.
- Latino residents of California are at much greater risk of lacking health insurance coverage, suggesting that the large Hispanic community in the County may be at risk.
- A variety of changes/proposed modifications to the Medi-Cal and Healthy Families programs resulting from the proposed "May Revise" of the State Budget may further limit health access to families in Fresno County and throughout the state.

Strategic Plan Objectives and Outcomes that are relevant to this priority include:

- Increase number of infants and young children with a consistent health care provider who monitors health and intervenes in illness.
- Decrease in number of families unable to access health services for financial and other reasons, including increasing babies and young children covered by health insurance covering physical and mental health services.
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¹⁷ The
Hea